



MyACCESS

Submit Date 02/07/2024

Submit Time 02:47 PM

Renewal Summary

Programs



Food Assistance (SNAP)



Health Coverage (Medicaid)

Your Information

Main Applicant		BRANDI HUNTING (50)
First Name	BRANDI	
Middle Name	K	
Last Name	HUNTING	
Suffix		
Other Names		
Are you a resident of Florida?	Yes	
Are you applying for benefits for yourself?	Yes	
Living Situation	Homeless	
Date child removed		
Date child returned		
Are you experiencing homelessness?	No	
Which city are you currently in?		
What county are you currently in?		
What's the zip code where you are currently staying?		
Temporarily Mailing Address		
Where do you currently live?	2198 FOUR WINDS BL ,KISSIMMEE,Florida,34746	
Do you get your mail at a different address?	Yes	
Where do you receive your mail?	2198 FOUR WINDS BL ,KISSIMMEE,Florida,34746	
Home Phone		
Mobile Phone		
Work Phone/Alternate Phone		
Email	brandihunting@yahoo.com	
Would you like to get text messages about your benefits?		
Would you like to receive email notifications instead of paper mail?		

Date of Birth	03/13/1973
What's your gender?	Female
Do you have a Social Security number?	Yes
What's your Social Security number?	010-66-2429
Why don't you have a Social Security number?	
Please explain.	
Have you applied for an Social Security number?	
Have you ever used a different Social Security number?	No
What Social Security number have you used?	
SSN Type	
First Name	
Last Name	
Name Type	
Marital Status	Single - Never Married
In what country were you born?	United States
Have you been outside of the U.S. in the last 30 days?	No
Are you a U.S. citizen or national?	Yes
Date Entered U.S. (if you know)	
Date Left the U.S. (if you know)	
Immigration Document Type	
Immigration Document Number	
Date Document Issued by USCIS (if you know)	
Have you lived in the U.S. continuously since 1996?	
Are you a spouse or parent of a veteran or an active-duty member of the U.S. military?	
Have you been granted asylum in the U.S.?	
Date Asylum Granted	
Have you had a medical emergency in the U.S. in the past 3 months?	
Type	
Date	
Are you a sponsored noncitizen?	
Type	
Sponsor ID	
Name	
Phone	
Do you have, applied for, or plan to apply for the following: T-Visa, U-Visa, Violence Against Women Act (VAWA) petition	
Did your immigration status change in the last 12 months?	
What's changed?	
Date of Change	
Alien Number	
Are you of Hispanic, Latino, or Spanish origin?	No

What is your race?	White
Are you a member of a federally recognized tribe?	
Tribe Name	
Did you ever get a service from, or did someone refer you to, Indian Health Service or Tribal Health Programs?	
Are you eligible to get services from the Indian Health Services, tribal health programs or through a referral from one of these programs?	

People

People	
Do you have other people living in your household?	No

Household Details

Disability		BRANDI HUNTING (50)
How long is the disability expected to last?	30 Days or More	
Has the disability been decided?	Yes	
Did BRANDI ever get and then stop getting disability for any reason?	No	
Has BRANDI applied for and been denied disability (SSI or SSDI)?	No	
Denial Date		
Is the denial under appeal with SSA?		
Since the denial, does BRANDI have a new condition, or a condition that SSA did not know about?	No	

Expenses

Medicare Coverage		BRANDI HUNTING (50)
Medicare number	2A88HH7KU22	
Is BRANDI entitled to or receiving Medicare Part A	Yes	
Start Date	05/01/2013	
Premium Amount	\$ 0.00	
Who pays	Free	
Is BRANDI entitled to or receiving Medicare Part B	Yes	
Start Date	05/01/2013	
Premium Amount	\$ 0.00	
Who pays	Premium Paid By Special State Program	

Other Situations

Convictions and Felony	
Convicted of receiving duplicate food assistance, Medicaid, or Cash Assistance in any state after 08/22/1996?	No
Convicted of sharing or selling EBT cards worth \$500 or more after 08/22/1996?	No
Found guilty of Drug Trafficking or trading food assistance for drugs in any state after 08/22/1996?	No
Found guilty of trading food assistance for guns, ammunitions, or explosives after	No
Hiding or running from the law for a felony crime or attempted felony crime? (This could be to avoid prosecution, being taken into custody, or going to jail.)	No
Aggravated sexual abuse, murder, sexual exploitation and other related abuse of children, Federal or State offense involving sexual assault, or an offense under state law similar to crimes listed, after February 7, 2014?	No

Review & Submit

Review & Submit	
Is there anything else you would like us to know?	
Do you want to register to vote at your current address	2
Do you give permission to DCF to request your financial records, to confirm the asset information provided?	

Main Applicant Signature	
First Name	brandi
Last Name	hunting
Date	02/07/2024
I confirm that I read, or had read to you, and understand and agree to the Rights and Responsibilities.	Yes